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ABSTRACT

Although American schools have not been targeted for terrorist activity, circumstances do warrant that schools adopt a heightened state of awareness. This guide addresses the potential for terrorist activity within the context of September 11, 2001, and the new reality America faces. A significant portion of the information in this guide was compiled from federal, state, and local agencies that share responsibility for keeping the public safe and informed. It contains a prevention/awareness checklist that makes recommendations with steps and participants to consider, and completion dates. With regard to biological terrorism, the guide discusses how to recognize suspicious packages and what to do if a bio-threat is received by phone. It also contains questions and answers about anthrax, botulism, and smallpox. Chemical terrorism, and bombs and explosives are discussed. Disaster planning differs from most other types of planning because the utter chaos that commonly accompanies such situations needs to be considered; recommended steps are presented with that caveat in mind. Terrorism and emergency preparedness resources are listed at the end of the guide. The information is current and will be updated on a timely basis. (Contains 10 resource Web site addresses.) (RT)

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Proactive Guide for the Threat of Terrorism in Schools.

Texas School Safety Center

2001

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Introduction

Throughout the rest of the world schools have been targeted for terrorist activity in the past. Although we are currently not aware of any specific threats against schools in the United States, we believe that circumstances warrant that our schools adopt a heightened state of awareness.

Will our schools be targeted?

It is difficult to assess the likelihood that our schools will be targeted for terrorism. However, many security experts believe that schools are viable targets for terrorist activity. Understanding the terrorist's objective may help explain why. Terrorists seek to create public fear and anxiety in order to influence government policy. Through the randomness and unpredictability of their acts, terrorists attempt to undermine confidence in government's ability to protect the public. Terrorists hope the resulting insecurity fuels public demands for government concessions in order to stop the terrorist acts.

Throughout early history, terrorists tended to target prominent individuals, such as political or religious figures, in order to generate public fear. The targeting of uninvolved, innocent people was historically avoided. Today, terrorists target the maximum number of innocent people, in our most cherished public places, in order to generate the fear they desire. As the government mobilizes to protect infrastructure from attack, less protected targets likely become more attractive to terrorists.

Our children are America's most visible representation of innocence. Purely, from a terrorist's perspective, there would be no more effective way to crush the heart of America than to target our children at school, a place where they should feel the most safe.

The Scope of the Guide

The purpose of this guide is to address the potential for terrorist activity in our schools, within the context of September 11, and the new reality we face. Terrorism is a specific kind of violence, characterized by specific types of threats. It is distinguished from the vast majority of other crimes where motives are personal and the victims individually targeted.

The Department of Defense defines terrorism as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are political, religious, or ideological." In this context, most incidents of robbery, assault, and murder would be excluded as terrorist acts. The tragic murder of students at Columbine High School, for example, would not constitute a terrorist act under this definition, even though, the attack itself terrified and stunned an entire nation. In addition, most other violent gang related activity would not be considered "terrorism".

We know that any single act of violence against our schools has the potential to terrorize, regardless of the motivation for the crime. By now, schools should have well-established plans in place to address the potential for violent acts of the most serious nature. Guidelines to assist in the development of plans to deal with a variety of violent and non-violent crimes are addressed in the Texas School Safety Center Planning Manual for Safe Schools. Your existing plans will play a critical role should a terrorist act occur. Where this guide overlaps existing plans, you may use this document as a basis to assess those plans. However, the current threat poses new challenges for educators, law enforcement, and the medical community - the potential use of biological or chemical weapons by terrorists to inflict mass injury or death. This guide will address these risks as well as other more conventional tactics used by terrorists. Use this document as a guide to assist in the development of the necessary plans for schools in your district.

Our Approach

If there is one thing we have learned since the tragic event on September 11, it is just how quickly what we thought we knew today will change tomorrow. What we thought we knew about Anthrax infection, treatment, and response materially changed over the days and weeks following the mailings of the contaminated letters. Still, a month later, federal, state and local agencies throughout the country are struggling to determine just what they know for sure about this new terrorist threat.

A significant portion of the information contained in this guide is compiled from the various federal, state, and local governmental agencies that share responsibility for keeping the public safe and informed. We believe the

information derived from these sources to have been current when it was received. However, it is imperative that this document be viewed as a living document. The Texas School Safety Center will provide timely updates to this documentation, by way of special school security bulletins, when updates are warranted. Additionally, TXSSC will provide information to schools on significant new threats, as they become known.

We believe that awareness plays a critical role in our fight against terrorism. Taking a proactive stance may serve to reduce the likelihood that a terrorist may select a particular target or mode of attack. This may appear at odds with the popular belief that terrorist attacks are completely random and unavoidable. Terrorists plan their attacks and select their targets carefully. However, a terrorist's activities may be deterred through vigilance. Awareness and vigilance are the most inexpensive deterrents we have available to us in our fight against terrorism.

Be Proactive: The Awareness / Prevention Checklist

The Awareness/Prevention checklist highlights areas of school operations, maintenance, security, and personnel, that may pose opportunities for risk reduction. Use this checklist as a proactive tool to generate awareness over the potential for terrorist acts, at a time when it is needed most.

The recommendations contained in this checklist are not intended to represent or to replace a comprehensive school security program. Such a program would include much more. Many of the procedures included in the checklist are routine in districts with full-time security operations. Whether your school district has full-time security coverage, or has minimal security resources, these recommendations may be used as a focal point around which to build an appropriately renewed sense of awareness.

Recommendation	Steps	Participants	Date completed
Review employment screening policy & procedure	• Does your screening process include volunteers, cafeteria workers, mechanics, bus drivers, and security, in addition to educational staff? • Does your procedure allow for actual courthouse searches, rather than database searches, which are typically not accurate? • Do your searchers do Social Security Number traces to identify any out-of-state venues that should be checked? • Do your outside contractors use due-diligence screening procedures to check the backgrounds of their workers who regularly visit your school?	• Security • Human Resources	
Review the physical security of bus yards and garages; review transportation security in general.	• Are vehicle garages alarmed, and are the alarms in working order? • Are fenced-in areas gated, locked, and adequately illuminated at night? • Do drivers do "pilot inspections" of their vehicles before placing them into service each day? Is this done again after each time the vehicle has been left unattended? • Are bus drivers equipped with two-way radios or cell phones?	• **Security** • **Contract Bus Operators**	

Recommendation	Steps	Participants	Date Completed
.....bus yards and garages (continued)	• Are drivers trained to be aware of and to report suspicious vehicles that appear to be following their busses during their routes? • Do drives keep a student roster for each bus route, to include student name, address, primary and secondary emergency contact numbers, and medical authorization information?	• Health Staff • Drivers • Security • Contract Bus Operators	
Review the adequacy of physical security in and around campus buildings.	• Are alarm systems working and have they been tested? This should include main campus buildings as well as maintenance and storage facilities. • Are keys to campus and administration buildings adequately controlled? • Are alarm pass codes changed when an employee leaves the school district? Make sure codes are not shared. • Is exterior lighting working and is illumination adequate? • Is interior lighting (night lighting) working and is illumination adequate?	• Security • Maintenance • Operations	
Review access control procedures and heighten employee awareness	• Are doors that should remain locked from the outside during the day kept locked, and are these doors checked periodically to make sure they are secure? Train all employees to check these doors but consider assigning someone to check them as well. • Are staff members trained to approach and to "assist" strangers of any age who are observed in and on school property? Report those who have difficulty explaining their presence. • Has a visitor log and ID badge system been implemented?	• Everyone	

Recommendation	Steps	Participants	Date Completed
Train everyone to recognize and report suspicious activities on campuses.	• Are persons taking pictures or filming campus activities questioned about their authorization to do so? • Be alert for suspicious vehicles that seem to have no apparent purpose for being on campus, or, that come, go, and then reappear again. • Are specific individuals assigned to inspect the outside of campus buildings throughout the day, and to report unattended packages or vehicles near building perimeters? • Have you developed a plan to handle reports of suspicious activity? • Is everyone trained to report unattended or otherwise suspicious packages found inside campus buildings? Is this specific issue placed on routine checklists for maintenance and janitorial personnel? • Do personnel know what to do if a suspicious package is found? • Have you considered a policy that requires staff and students to visibly identify backpacks, book bags, briefcases and gym bags with luggage style ID tags?	• Everyone	
Implement a "tip-line" program that allows students, teachers, parents, staff, and other members of the school community to report issues anonymously, if they choose.	• Do you have a zero tolerance for verbal threats of any kind? • Do all members of the school community know that any threat, or information about a potential threat, must be reported? And, do they understand that there is no such thing as a threat intended as a joke? • Do students and staff know that they are *responsible* for informing the building principal about any information or knowledge of a possible or actual terrorist threat or act? • Have you communicated a hard stand on hoaxes intended to mimic terrorist acts? Do students know that these hoaxes are crimes in themselves?	• Student Services • Security • Human Resources	

Recommendation	Steps	Participants	Date Completed
Work closely with local law enforcement and health officials	• Have you made local law enforcement a partner in your district's plans? • Are parking regulations, particularly fire zone regulations, strictly enforced? • Does local law enforcement have copies of building blueprints, to include ventilation system, and electrical plans? • Has local law enforcement been given the opportunity to conduct exercises on school property and on busses? • Have you determined contact protocol with local health officials if bio-terrorism is suspected?	• Security • Clinical Staff • Crisis Management Team	
Train staff on identifying and handling suspicious packages and letters.	• Have you download and posted the FBI advisory (poster) regarding suspicious packages from www.fbi.gov? • Or, the US Postal Inspection Service poster on identifying suspicious packages from www.usps.gov? • Have you considered publicizing the availability of this information to others in the school community for personal use?	• Mail Room • Secretarial • Security • Parents • Students	

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Biological Terrorism

Today, the threat of biological terrorism is real. Although biological hoaxes far outnumber cases of confirmed contamination, schools must be prepared to deal with all threat situations as real. Notwithstanding, we recommend that school administrators take a proactive stance against hoaxes of this, or of any other nature. Hoaxes serve to divert critical law enforcement and other emergency response attention from true crises and may cost lives. Appropriate action should be taken against students and others who perpetrate hoaxes, to include criminal prosecution, when appropriate. Employee and student codes of conduct should adequately reflect the schools policy on such behavior.

Two factors make the use of biological weapons a true threat. First, some governments continue to develop and stockpile biological weapons in spite of sanctions against it. Because some of these governments tend to support terrorist causes, and/or because of internal instability, the security and disposition of biological weapons in these countries is questionable. Therefore, the possibility that some of these highly refined biological agents could reach the hands of terrorists is real. Second, is the potential for the use of more crudely developed biological weapons such as those made in clandestine laboratories or those developed from bio-agents illegally diverted from legitimate sources. In fact, biological attacks could be the work of terrorists or simply that of copycat criminals.

The signs of an attack may be visible from the onset or may remain invisible until symptoms of illness occur. Schools and other public entities may be specifically targeted for attack, or, may be affected because they are part of a larger community under attack. School staff (particularly clinicians such as school nurses and physicians) may contribute to shortened reaction times if they are able to recognize unusual patterns of illness among students and employees, or, if they are able to recognize specific symptoms of diseases that may be associated with biological attack. Awareness may be critical in helping to reduce the risk of exposure, illness, or subsequent death from infections caused by a direct, targeted, biological attack. Employees that know how to identify a possible threat and how to respond to one may be able to limit exposure and related consequences. Close coordination between school administrators, clinical

staff, and local health officials is key to getting victims the preventive treatment they need, should contamination be suspected or confirmed.

Since schools are part of the local community, a crisis in school constitutes a crises for the local community as well. Local municipal governments throughout the state and the country are currently involved in developing or refining plans to respond to a biological and chemical attacks, should they occur. We recommend that school officials contact the emergency response office of their local government agency to coordinate response plans. Having a plan in place and executing it quickly is critical.

The Center for Disease Control (CDC) has identified and categorized approximately twenty-eight different biological threats. **Anthrax** and **botulism** are two *non-contagious* biological weapons that have been stockpiled for potential use by governments known to support terrorism. **Smallpox** is an example of a *highly contagious* biological agent known to have been developed and stockpiled in massive amounts for potential use. Most experts agree that these are on the "A" list of items most likely to be used in a bio-terrorist attack. Anthrax is dealt with in more detail than other biological threats because there is more recent and first hand knowledge about how it can be used as a weapon. Characteristics and symptoms of botulism and smallpox are presented to give educators and clinical staff a general awareness for their potential to be used as weapons.

A biological agent can be introduced:

- by mail, via a contaminated letter or package
- using a small explosive device to help it become airborne
- through a building's ventilation system
- using a contaminated item such as a backpack, book bag, or other parcel left unattended
- by intentionally contaminating a food supply
- by aerosol release into the air (such as with a crop duster or spray equipment)
- into the general population by a missile warhead

Prevention

Adding the following proactive steps to your crisis management plan may help to minimize serious injury or possible death resulting from biological contamination.

⇒ Train everyone who handles mail how to identify a "suspicious" package or letter. Following is a list of characteristics drawn from recent FBI, Postal Inspection Service, and CDC publications:

You may have cause to be suspicious if:

- The mail is unexpected or from someone you don't know
- It is addressed to a title, but no name
- It is addressed to someone no longer at your address
- It is handwritten and has no return address or bears one that you cannot confirm is legitimate
- The return address does not match the postmark
- Common words are misspelled
- It is lopsided or lumpy in appearance
- It has wires or tinfoil protruding from it
- It is sealed with excessive amounts of tape or string
- It is marked with restrictive delivery instructions such as "Personal or "Confidential"
- It has excessive postage
- It has oily stains, discoloration, crystallization, or a strange odor
- It is leaking a powdery substance

⇒ Download, distribute, and display either of the following federal publications:

- FBI Advisory & General Information Bulletin (poster) 2000-3, If you receive a suspicious letter or package: www.fbi.gov
- U.S. Postal Inspection Service Suspicious Mail Alert (poster), If you receive a suspicious letter or package: www.usps.com

⇒ Be proactive in your planning process. Don't wait for an incident to occur. Contact your local or county health department now to determine communications protocol in your area, should a bio-threat at school

become evident. While calling 911 will get the immediate response you need, establishing a point of contact within your local or county health agency will enable your crisis management team or clinical staff to obtain follow-up support when needed.

⇒ Coordinate your plans with the emergency response office of your local municipal government.

⇒ Let members of the local community know that you have been proactive in addressing the risk of terrorist activity in your district's plans.

⇒ Escalate efforts to have parents obtain the proper routine immunizations for their children.

⇒ Be alert for patterns or clusters of illness amongst students or school employees, or for unusual symptoms to develop, even in a single person. Consult with your local health agency should a concern develop.

Response

The following are guidelines for handling suspicious letters or packages. These guidelines should be included in your district's crisis management plan:

If you receive a suspicious letter or package, or a letter or package threatening biological contamination:

Step One: Stay calm. Don't get excited or excite others. Most threats are, in fact, hoaxes. Regardless, you *must* treat each incident seriously.

Step Two: If the letter/package is unopened and not leaking:

Don'ts

- Do *not* open the letter/package.
- Do *not* pass the letter/package around to show other people.
- Do *not* shake the letter/package.

Do's

- Place the letter/package in a plastic bag or other container (such as a trash can) to prevent leakage.
- Move a safe distance away and call your supervisor.
- Prevent others from coming into the area. If someone comes into the area, ask them to stay until instructed to leave by Public Safety or Health responders.
- Wash your hands with soap and water. Everyone who had any contact with the letter must also wash his or her hands with soap and water.

If, however, powder spills from the letter, either because it was opened or has torn open, follow these steps:

Don'ts

- Do *not* clean up the powder. Do not sniff, touch, taste, or look closely at the spilled contents.

Do's

- Put the letter on a stable surface.
- Leave the room promptly and prevent anyone from entering. Everyone who touched the letter should wash their hands. Do not leave the area. There is no need to evacuate the floor or building.
- Have the buildings ventilation system, heating system, or air conditioning system shut down, if possible, and turn off any blowers to the room.

Step Three: Contact your supervisor. He/she will make a list of all persons who touched the letter or envelope. ***(Be sure the list includes work and home phone numbers for each person for any necessary follow-up).***.

Step Four: Your supervisor will call **911.** A risk assessment for those persons involved in the incident will be coordinated by appropriate law enforcement personnel with decisions about the need for decontamination and initiation of prophylaxis treatment being made by the appropriate local health department staff. Once the on-scene investigation is complete, ask to go home to wash your clothes and take a shower. No special precautions are needed. Do not use bleach on your skin.

If you receive a biological threat by phone, alleging a contaminated package, parcel, or letter:

- Use the Bomb Threat Report Form (found in the Texas School Safety Center Safe Schools' Manual) as a basis to ask the caller appropriate questions about the package or letter allegedly containing the biological agent.
- Have someone else listen to the conversation, if possible.
- Notify the principal.
- Call 911.
- Conduct a search of the building to locate the package in question.
- If a suspicious package is found, *do not* touch it.
- Secure the immediate area until emergency response personnel can determine the best method of handling the item.
- Contact your local health officials if law enforcement has not already done this.

Recovery

The Texas School Safety Center Planning Manual for Safe Schools addresses specific responsibilities of the campus crisis management team in recovery. Tips for recognizing post trauma symptoms of stress in children and adolescents are provided, as are sources of information helpful to counselors in providing post crisis assistance to students and others. Additionally, schools should review plans to relocate classroom or administrative activities, should decontamination procedures require this.

The following information should be helpful to administrators, teachers, public relations officers, school clinicians, and parents in dealing the aftermath of a biological hoax or real incident at school:

Anthrax Questions & Answers

Overview: Anthrax is an acute infectious disease caused by the bacterium *Bacillus anthracis*. Anthrax is a natural occurrence of nature and often infects livestock and other animals. Anthrax bacterium has the unusual ability to shield themselves in hardened spores that can reside dormant in the soil or in a laboratory for decades. Spores become active and can infect when they enter a moist environment such as the respiratory system or the pores of the skin. Iraq is known to have developed anthrax for use as a weapon of mass destruction, to be deployed using both short and long range missiles. However, we have all recently witnessed a narrower, more targeted deployment of anthrax through the mail.

Are anthrax infections different in children than in adults? The clinical presentation of anthrax in young infants is not well defined. However, the symptoms of anthrax infection in children older than 2 months of age are similar to those in adults. Diagnosing anthrax infection in children may be more difficult than in adults because young children have difficulty reporting what has happened to them or telling a doctor exactly how they feel. Because respiratory illnesses are much more common in children than adults, the examining clinician should have an understanding of disease manifestations in children.

What are the three types of anthrax and what are their symptoms? Here are descriptions of the three forms of anthrax, based on experience with adults:

Inhalational Anthrax - Inhalational anthrax is the most lethal form of anthrax. The typical incubation period for this form of anthrax is from 1 – 7 days, but incubation periods of up to 60 days have been reported. Initially, non-specific symptoms appear that may resemble a common upper respiratory infection. Three to five days later, fever, fatigue, malaise, mylagia, mild chest pain, and a non-productive cough appear. Patients frequently develop meningitis. Once symptoms are present, fatality estimates for inhalational anthrax are extremely high. This is true even if patients are provided with supportive care and appropriate antimicrobial treatment. In people exposed to anthrax, infection can be prevented with antibiotic treatment.

Cutaneous (Skin) Anthrax: This form of anthrax is characterized by a skin lesion that may initially resemble an insect bite. In later stages a dark, depressed, scab-like center typically forms in the center of the lesion. The incubation period ranges from 1 to 12 days. The lesion is usually painless, but patients also may have fever, malaise, headache, and regional lymphadenopathy. The fatality rate for cutaneous anthrax is 20% without, and <1% with, antimicrobial treatment.

Gastrointestinal Anthrax Gastrointestinal anthrax is characterized by severe abdominal pain followed by fever and signs of septicemia. This form of anthrax usually results from eating raw or undercooked meat containing *B. anthracis,* and the incubation period is usually 1 to 7 days. Involvement of the pharynx is usually characterized by lesions at the base of the tongue, dysphagia, fever, and regional lymphadenopathy. Lower bowel inflammation typically causes nausea, loss of appetite, and fever followed by abdominal pain, hematemesis, and bloody diarrhea. The case-fatality rate is estimated to be between 25% and 60%. The effect of early antibiotic treatment on the case-fatality rate has not been established.

Is anthrax contagious? Anthrax in humans is not considered to be a contagious disease and transmission from one person to another is extremely unlikely.

Can children be vaccinated for anthrax? There is a vaccine for anthrax but at this time the vaccine is not recommended for people younger than 18 years of age. Military personnel and civilians at high risk for repeated exposure (e.g., laboratory workers handling powders containing *Bacillus anthracis*) may benefit from the vaccine. Currently, the vaccine is not available to the general public.

Should I give my children antibiotics just as a precaution; should I take them? Neither the CDC nor the American Academy of Pediatrics (AAP) recommends dispensing antibiotics for parents to have on hand *in case of a possible* exposure to anthrax. Consultation with public health authorities is strongly encouraged to identify people who should receive preventive doses of antibiotics. Taking antibiotics without reason can do more harm than good, especially in children. Antibiotics should be administered only upon the advice of a health

official who suspects or has confirmed that you have come in contact with anthrax.

How do I know that my cold or flu symptoms are not caused by respiratory anthrax? Persons with colds and the flu usually have sneezing, runny nose, and nasal congestion persons with respiratory anthrax do not. The onset of influenza is rapid (less than half a day from well to bedridden)—the onset of the respiratory anthrax is slower.

Will a nasal swab help my doctor tell if I have anthrax? No it will not. There is no screening test available for the detection of anthrax disease in asymptomatic or minimally symptomatic persons. Nasal swabs have been used in instances of known exposure as an extension of the environmental investigation. Nasal swabs are not really useful for diagnosing anthrax infection in a person. A nasal swab test is available; however, its primary usefulness may be to confirm illness caused by the flu.

***Children and Anthrax: A Fact Sheet for Parents**

*(This document included, in its entirety, for use as a possible hand-out to parents)

The CDC has prepared this fact sheet to provide parents with information and resources to: 1) help their children cope with their fears about anthrax and 2) make decisions related to anthrax and their children.

How To Reduce Children's Fears

- ***Help your children feel safe.*** Let them talk about their fears and worries. Stick to family routines that help children feel comfortable and secure. Reassure them that parents, teachers, doctors, and government officials are doing everything possible to keep them safe and healthy.

- ***Limit children's viewing of television news.*** Children may be frightened, overwhelmed, or traumatized by news reports about bio-terrorism. Supervise what they watch on television, and when they do watch, be sure to allow for family-discussion time during and after viewing to let them air their fears and concerns.

- ***Arm yourself with the facts.*** Education is your best protection against unnecessary fear. Your children will be less fearful if they see that you are not afraid and if you spend time with them answering all of their questions.

What Every Parent Should Know

Anthrax is an illness caused by bacteria called *Bacillus anthracis*. These bacteria are found naturally in the soil. They can form a protective coat around themselves called spores, and they can release poisonous substances into the bodies of infected people.

You and your children cannot catch anthrax from each other or from any other person. Even if you were to become sick with anthrax, you could **not** pass on the illness to your children. Also, even if someone were to put the bacteria that causes anthrax in your workplace on purpose, it is highly

unlikely that you would carry the bacteria home to your children on your clothes or hair.

People come into contact with (are "exposed" to) bacteria or become infected with bacteria that cause anthrax in three ways. They can be exposed and infected by breathing in (inhaling) the bacteria, by coming into contact with the bacteria through cuts or abrasions in the skin, or by eating something that contains the bacteria (usually undercooked meat from an infected animal). The chance of coming into contact with the bacteria in any of these ways is very low. Also, our bodies have defenses against bacteria, so not everyone who comes into contact with the bacteria will become ill with anthrax.

There are three kinds of anthrax, all of which are treatable with antibiotics:

- ***Skin (cutaneous) anthrax*** is the least serious form of anthrax. The first symptom is a small, painless sore that develops into a blister. One or two days later, the blister develops a black scab in the center.

- ***Gastrointestinal anthrax*** is more serious than skin anthrax. The initial symptoms are nausea, loss of appetite, and fever, followed by severe abdominal pain. This is the least common form of anthrax.

- ***Inhalational anthrax*** is the most serious form of anthrax. This illness begins with symptoms similar to those for a cold or the flu. If caught early, inhalation anthrax can be treated successfully with antibiotics. If it isn't caught early and more serious symptoms develop, inhalation anthrax usually results in death. Almost all cold and flu symptoms are **not** anthrax.

The signs and symptoms of anthrax infection in children older than 2 months of age are similar to those in adults. The illness affects children and adults in much the same way, though children may be more likely to suffer side effects from some of the antibiotics used to prevent or treat the disease.

Although you may be tempted to ask your doctor for a supply of antibiotics to keep on hand, neither the Centers for Disease Control and Prevention (CDC) nor the American Academy of Pediatrics recommends doing this. You should not obtain antibiotics for your children unless public health

authorities have confirmed that it is likely that your children have come into contact with the bacteria that cause anthrax. Giving your children antibiotics when the antibiotics are not needed can do more harm than good. Many antibiotics have serious side effects in children, and using antibiotics when they are not needed can lead to the development of drug-resistant forms of bacteria in your children. If this happens, the antibiotics will not be able to kill the resistant bacteria the next time your child needs the same antibiotic to treat ear, sinus, or other infections that children frequently develop.

Currently, there is no anthrax vaccine for children. The anthrax vaccine used for adults has never been studied in children, and it is not recommended for people younger than 18 years old. It is currently available only for people in the military service, although public health officials are now considering its use for people in other high-risk professions.

The chances of your children coming into contact with bacteria that cause anthrax are extremely low. However, if public health officials confirm or suspect that you or your children have come into contact with the bacteria, your doctor or other health official will prescribe antibiotics to keep you and your children from developing anthrax. Early identification and treatment of anthrax in children is critical, so call your health care provider immediately with any questions or concerns. Remember: *never give your child an antibiotic unless a doctor has examined your child and prescribed an antibiotic.* Also, be sure to use any antibiotic *exactly* as directed by the doctor or pharmacy.

Where to Get More Information

The American Academy of Pediatrics Web site addresses numerous issues related to anthrax, bio-terrorism, and children. You can access these topics at http://www.aap.org/advocacy/releases. Suggestions for helping children after a disaster are available at the Web site of the American Academy of Child and Adolescent Psychiatry at http://www.aacap.org/publications/factsfam/disaster.htm. CDC also offers information on a wide range of bio-terrorism topics at http://www.bt.cdc.gov.

Last Reviewed Nov. 7, 2001

Botulism Questions & Answers

Overview: Botulism is a muscle-paralyzing disease that is caused by a toxin made by a bacterium called clostridium botulism. Like anthrax, clostridium botulism is a spore forming bacterium that occurs naturally in the soil. Thus, like anthrax, it is easily obtained and developed for potential use as a biological weapon. The most recent known use of this toxin as a biological weapon occurred between 1990 and 1995 when a terrorist cult released aerosol attacks against U.S. military installations and other public places in Japan. Botulism toxin can become active when introduced into a moist environment, such as the respiratory system. Potentially, botulism can be used to intentionally contaminate a food source. Unlike anthrax, however, botulism toxin cannot enter through the pores of the skin, unless there is an open wound or sore. Naturally caused botulism infection is extremely rare, with fewer than 200 cases reported in the U.S. each year.

What are the various types of botulism infection? The forms of botulism that may potentially be associated with a terrorist act are:

Foodbourne Botulism – Foodbourne botulism occurs when a person ingests pre-formed toxin. Symptoms may begin within 6 hours to 2 weeks, but most commonly between 12 and 36 hours after eating contaminated foods. Typical symptoms include double or blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, and a descending muscle weakness that first affects the shoulders, then upper arms, lower arms, thighs, calves, etc. Neurological signs in natural foodbourne botulism may be preceded by gastrointestinal disorder such as abdominal cramps, nausea, vomiting, and diarrhea. Paralysis of respiratory muscles will cause death unless the person is assisted by mechanical ventilation. Botulism toxin can occur naturally in undercooked food, but the frequency of this is extremely rare.

Inhalational Botulism – Inhalational botulism results from the inhalation of aerosolized toxin. Clinical experience with this man made form of the disease is derived from a few accidental human infections, and from the intentional infection of laboratory animals. A small amount of aerosolized toxin released into the wind can have a devastating impact on the

surrounding population. Notwithstanding, inhalational botulism could be inflicted upon a more limited number of victims by introducing a contaminated object into an enclosed area such as inside of a building. The symptoms of inhalational botulism may be indistinguishable from those of foodbourne botulism, except that the gastrointestinal signs sometimes associated with foodbourne botulism may not occur.

Is botulism contagious? No, this disease cannot be transmitted from one person to another.

Does susceptibility to botulism differ with age and sex? No, all ages and both sexes are equally susceptible to botulism.

How is botulism treated? Antibiotics are not effective in the treatment of botulism. Instead, treatment consists of passive immunization with equine anti-toxins and supportive patient care. After clinical diagnosis, treatment should begin as soon as possible, in patients who exhibit neurological signs. Treatment should not be delayed for microbiological testing. Recovery may take weeks or even months and may involve assisted ventilation and treatment for complications. Treatments with anti-toxin may minimize subsequent nerve damage and paralysis but will not reverse existing damage. Although the survival rate for persons infected with natural botulism is high, nerve damage and paralysis may be permanent.

Is there a vaccine for the treatment of botulism? Currently, there is no vaccine available for mass immunization against botulism in advance of exposure from attack. Additionally, because of the risks associated with the use of anti-toxins, treatment of exposed persons is usually limited to individuals who have been clinically diagnosed.

Is there a test I can be given to determine if I have botulism? Your doctor may order specialized laboratory testing in order to confirm his/her clinical diagnosis of botulism. Since this testing may take several days, he/she will likely begin anti-toxin treatment before test results are returned. Treatment may be discontinued if results are negative. There is no quick test to determine if someone has inhaled or ingested toxin that can be done prior to the manifestation of symptoms.

Smallpox Questions & Answers

Overview: Smallpox infection results from the variola virus. The disease was once worldwide in scope. Before people were vaccinated, almost everyone contracted the disease. The virus was effectively eradicated from the world in the late 1970's, and the World Health Organization recommended that governments cease routine vaccinations in 1980. Smallpox is a highly contagious infectious disease that has a mortality rate of about 30%. An intentionally caused outbreak of smallpox today would be a devastating crime against humanity of unprecedented proportion. Since the discontinuation of vaccination in the early 1980's, virtually no one is protected against the disease today. It is speculated that a single infected person could infect from 10 to 20 additional persons. Recently, a former Soviet official revealed that in 1980 his government embarked on a program that enabled the production of several tons of variola virus per year. The virus was intended for use in bombs and intercontinental ballistic missiles. Given today's economic and political conditions in the former Soviet Union, there is sufficient cause to be concerned over the security and disposition of such weapons of mass destruction.

What are the symptoms of smallpox? Smallpox symptoms appear in from 7 to 17 days following exposure. Initial symptoms include high fever, fatigue, and head and back aches. Severe abdominal pain and delirium are sometimes present. A characteristic rash, most prominent on the face arms and legs, follows in about 2 to 3 days. The rash starts with flat red lesions that evolve at the same rate. Lesions become pus-filled and begin to crust early in the second week. Scabs develop and begin to fall off in about 3 to 4 weeks.

Does susceptibility to smallpox differ with age and sex? If an outbreak occurred today, case distribution would likely resemble the demographics of the general population. The immunity in any person vaccinated before 1972 is uncertain.

How is smallpox transmitted? Smallpox is transmitted from one person to another by infected saliva droplets. Smallpox may also be contracted thorough contact with the clothing or bed linens of an infected person.

How is smallpox treated? There is currently no proven treatment for patients infected with smallpox. Patients can benefit from supportive care and be given treatment for pain, fever, and other related symptoms. Vaccination has proven effective in preventing the disease in exposed persons if administered within 4 days of exposure.

Is there a vaccine for smallpox? Since vaccination is no longer recommended to prevent smallpox, no vaccine is currently available to the general public. The government's emergency supply of smallpox vaccine is estimated to be enough to vaccinate between 6 and 7 million people. The government is currently working to address the perceived need for additional doses.

Chemical Terrorism

Unlike biological attacks, most chemical attacks by terrorists tend to be overt in nature. While symptoms of a biological attack may take several days or even weeks to manifest, the display of illness caused by a chemical attack will be immediate and obvious. Chemical agents that might be used by terrorists range from highly refined and processed warfare agents, to common industrial toxins. As with biological attacks, public buildings may be specifically targeted for attack, or, may be affected because they are part of the larger community under attack.

Categories of chemical agents include: nerve agents; blood agents; blister agents; heavy metals; volatile toxins; pulmonary agents; incapacitating agents; pesticides; dioxins; explosive compounds; flammable gasses and liquids; poison gasses; and corrosive industrial acids. Terrorists, in fact, have hundreds of chemicals available to choose from. Many agents are both odorless and colorless.

A chemical agent may be introduced:

- into a water supply such as a reservoir
- into the air using a missile warhead or similar device
- into a building, through the ventilation system
- by spilling or leaking toxin into a populated area
- inside a building using a small explosive device

Signs that a chemical attack may have occurred:

Birds and small animals will succumb to chemical attack quickly. If birds are falling from the sky, this is a sign that chemicals may be present in the air. If a single person among several has fallen to the ground, this person may be having a heart attack. But, if more than one person falls to the ground with similar symptoms, this is a good sign that they have been overcome by a toxic chemical. Specific symptoms of exposure to the following are:

- a nerve agent:: Convulsions; sudden loss of consciousness; difficulty breathing; jerking and twitching; runny nose and salivation; pinpoint pupils

- a blood agent: Headaches; strong stimulated breathing; loss of consciousness; convulsions
- a Blister agent: Reddening of eyes; severe itching and burning of skin; blisters; sore throat and hoarseness
- a choking agent: Immediate irritation of eyes, nose, and throat; shortness of breath, coughing, frothy secretions (2 – 24 hrs. later); nausea/vomiting; pulmonary edema

School officials may be alerted that a chemical attack has occurred because local government has sounded an audible alarm to signal a disaster. The school might be alerted by a parent or a concerned citizen who has learned about the attack on local radio or television. School occupants may even detect signs of a chemical attack directly. Regardless, having a documented plan in place will be instrumental in saving lives.

Since an outdoor chemical attack within a local community can affect all schools within a school district, or a single school, the district plan should provide for a central command post with a prearranged method of communicating with all schools in the district.

Prevention

Be sure your plans include the following proactive measures for each school in the district:

⇒ **Make sure all common hazardous chemical materials are properly secured and properly disposed of when no longer needed (not stockpiled needlessly).**
⇒ **Review and coordinate your plans with local emergency response officials in advance of an incident happening.**
⇒ **Practice shelter-in-place and evacuation procedures as you would a fire drill.**
⇒ **Know your local government's warning signal that a disaster has occurred.**
⇒ **Make sure your campus emergency kit is complete and up to date.**
⇒ **Make sure each teacher's classroom emergency kit is complete.**
⇒ **Know your local emergency broadcast station.**

⇒ **Train key individuals in basics of how to assist chemical victims before medical help arrives.**

⇒ **Let parents and the local community know that a plan has been prepared and that children will be in the hands of professionals should a situation occur. Ask that parents not come to the school in a crisis situation, unless specifically instructed to do so.**

Response

Pre-plan Decisions

- Your plan should clearly designate a first (the principal), a second, and even a third person in charge for each campus. Consider the possibility that the primary and secondary persons in charge may not be on campus when an attack occurs, or, that the primary or secondary in charge may be among the first to be incapacitated during an attack.
- Your plan should clearly designate who will make the decision to evacuate or to shelter in place, and under what circumstances.
- Everyone should know their role in advance.
- Include training for substitute teachers and volunteers as well.

Sample Chemical Attack Plan

Scenario 1 – School has been alerted that a chemical attack has occurred in a neighboring town, somewhere within or near the local community:

Immediately

- Determine how emergency instructions will be communicated by local government (emergency broadcast radio, etc); stay tuned in.
- Alert the principal.
- Alert the Campus Crisis Management Team.
- Have a procedure for notifying students and faculty that may be outside (sports facilities, etc.) to return to the building.
- Shut down ventilation system, heating and air conditioning system.

- Maintain contact with Superintendent & District Crisis Management Team according to prearranged procedures.
- Keep phone lines open to the extent possible.
- Await specific instructions from local emergency management officials.
- Be prepared to: 1) arrange for transportation and to evacuate; or 2) shelter-in-place. Depending on the location of the contamination and other factors, emergency management officials may recommend either option.

Scenario 2 – Persons inside the school fall ill (if under chemical attack, multiple victims will exhibit similar symptoms simultaneously or within minutes of one another).

Immediately

- Call 911, let the operator know that there is a possible chemical attack and that there are persons with injuries.
- Notify the principal and superintendent.
- Shut down ventilation system, heating and air conditioning system.
- Alert the Crisis Management Team.
- Evacuate, if the hazard is originating from within the building. Establish an outside command post.
- Execute the shelter-in-place procedure in an unaffected area, if the hazard is originating from outside the building.
- Keep students calm.
- Identify and attend to injured persons.

Next 5 – 10 minutes

- Meet emergency response personnel.
- Lead medical personnel to injured persons.
- Allow emergency response personnel to take control of the scene.
- Notify parents of injured children (when physically possible).

Rest of the day

- Cooperate with HSMAT officials on decontamination procedures.

- Declare all clear and resume normal operations, or, make decision to close facility for prolonged decontamination.
- Provide appropriate information to press.
- Keep Superintendent informed.
- Hold staff meeting and provide details.
- Meet with parents, if necessary.

Subsequent Days (same for all levels)

- Meet with Crisis Management Team and review response.
- Update plan, if needed.
- Meet with parents, if needed.
- Involve counselors to assist students, if needed.

Special shelter in place procedures for chemical attacks:

- Use duct tape to seal areas around windows, and air ducts.
- Place wet towels (or duct tape) at door sills.
- Injured should be sheltered in place within rooms that have running water if possible.

Assistance for persons who have been affected by a gas or liquid chemical toxin – prior to arrival of emergency response personnel (these steps may mean the difference between life and death):

- Affected persons should be told to remove their clothes immediately and completely for contact with a liquid toxin, or down to their underwear if an aerosol toxin.
- They should remove all jewelry.
- They should be placed in a shower, or, should rinse as much of their body as they possibly can with water.
- If physically able, and with close supervision, they should enter a pool, if available.
- Clothes should be secured so that they do not pose a hazard to anyone else.

Bombs and Explosives

Bombs are the weapon most frequently chosen by terrorists, both inside and outside of the U.S. When conceiving a bomb, terrorists are essentially limited by only their own imaginations. Bombs can be made large enough to destroy an entire building and all of its occupants, as evidenced by the bombing of the Oklahoma City Federal Building, or to create an explosion just large enough to distribute a biological or chemical agent into a room or other enclosed area.

What does a bomb look like?
Bombs are easily disguised to look like every day items. The stereotypical images of bombs as being ball shaped items with fuses, or of several sticks of dynamite wrapped together, are useless and should be dismissed. Bombs are more likely to be disguised as common items that fit in with current surroundings. A bomb can be disguised within letters, parcels, brief cases, book bags, back packs, gym bags, vans, cars, or trucks.

Explosive devices can be as small as a credit card or a matchbook. Bombs left by terrorists are likely to be constructed to detonate by movement, by timer, or by remote activation.

Prevention
Staff and student awareness is key in reducing the risk of mass injury from an explosive device. Be sure your plans include the following proactive/preventive measures for each school in the district:

- ⇒ **Rehearse your Bomb Threat Plan in a way similar to a fire drill.**
- ⇒ **Review your plan with local emergency response officials.**
- ⇒ **Be sure all appropriate staff members are aware of the Bomb Threat Report and how it is used.**
- ⇒ **Train appropriate staff to recognize a suspicious letter/package received in the mail.**
- ⇒ **Enforce key control standards.**
- ⇒ ***Maintain access control; report suspicious persons.**
- ⇒ ***Train employees to recognize and report any suspicious package that might be left inside a school building or along the outside perimeter of a building, by a playground, etc.**

⇒ **Develop a procedure for handling suspicious packages found inside or outside buildings.**
⇒ **Escalate vehicle parking enforcement and awareness.**
⇒ **Restrict parking to at least 300 feet from campus buildings, if possible.**
⇒ **Maintain records of vehicles regularly driven by students and employees.**
⇒ **Request increased local police patrols of campuses.**
⇒ **Consider policy requiring students to identify all backpacks, book bags, briefcases etc, with ID tags.**

* Always include janitorial and maintenance personnel in your prevention program. These individuals have the run of campus buildings and grounds and are in a position to recognize and report suspicious activity.

Guide for identifying a suspicious package or vehicle:

Item	Why Suspicious?	Response
Letter / Package received by mail	Meets FBI / Postal Service guide (poster) for suspicious packages	Respond according to FBI or Postal Service recommendations
Briefcase, book bag, backpack, suspicious parcel, etc.	• Left unattended • No identification • Found in unusual location	• Consider making P.A. announcement in order to identify the owner of item • If no owner identified, do not handle item • Secure the area • Call 911 • Principal to make decision to evacuate or to remain in normal session
Vehicles (especially trucks and vans)	• Illegally parked • Cannot be identified • Conspicuous before or after normal hours	• Call 911 • Law enforcement and administration decide course of action based upon police identification of vehicle

Response
Schools should have plans in place to handle bomb threats and actual bomb detonations. Sample responses to bomb threat calls are outlined

in the Texas School Safety Center Planning Manual for Safe Schools. Because of our heightened state of alert, it is appropriate that schools review documented plans *now*, to make sure essential issues are addressed. Before a final plan can be developed, certain decisions must be made up front and included as part of the plan documentation.

Pre-plan Decisions

- Your plan should clearly designate a first (the principal), a second, and even a third person in charge for each campus. Consider the possibility that the primary and secondary persons in charge may not be on campus when an attack occurs, or, that the primary or secondary in charge may be amongst the first incapacitated during an attack.
- Your plan should identify both primary and alternate search team members for each campus – these persons should be trained in how to conduct an organized building search.
- Your plan should clearly designate who will make the decision to evacuate and under what circumstances.
- Everyone should know his or her role in advance.
- Include training for substitute teachers and volunteers as well.

Sample Escalating Severity Plan

Threat Severity (1) - A bomb threat call is received:

First fifteen minutes

- Take the threat seriously.
- Complete the Bomb Threat Checklist.
- Notify principal.
- Inform Campus Crisis Management Team.
- Notify Superintendent, security, and appropriate district staff.
- Review and assess information on Bomb Threat Checklist.
- Conduct visual search of building using two persons familiar with the facility.
- If imminent danger exists (a device is found) call 911.
- Principal uses his/her discretion in making decision to evacuate.

Next forty-five minutes

- Review facts and decide whether to evacuate or to keep students in regular session.
- Determine if additional resources are needed.
- Brief all staff members on call.

Rest of the day (same for all levels)

- Declare all clear and resume normal operations when appropriate.
- Provide appropriate information to press.
- Keep Superintendent informed.
- Hold staff meeting and provide details.
- Meet with parents, if necessary.

Subsequent Days (same for all levels)

- Meet with Crisis Management Team and review response
- Update plan, if needed.
- Meet with parents, if needed.
- Involve counselors to assist students, if needed.

Threat Severity (2) - after a call a package or potential device is found:

Immediately

- Secure the immediate area.
- Call 911.
- Notify principal that potential device was found.
- Update Crisis Management Team.
- *Implement Building or Site Evacuation Plan.
- Notify Superintendent, security & appropriate district staff.

Next fifteen minutes

- Establish command post outside of building.
- Provide emergency and law enforcement personnel the description and location of the package.
- Allow emergency response personnel to take control of the scene.

Threat Severity (3) - An explosion has occurred:

Immediately

- Call 911.
- Activate Crisis Management Team.
- Notify Superintendent.
- *Implement Building or Site Evacuation Plan (minimum safe distance is from 1000 – 3000 feet).
- Be aware there may be additional explosions.
- Attend to students by keeping them calm and in one location.
- Have designated staff member(s) meet emergency vehicles.
- Direct medical personnel to any injured students or staff.
- Take roll and account for any missing students.
- Allow emergency response personnel to take control of site.

Next fifteen minutes

- Establish command post.
- Notify parents of any injured students.
- Arrange for emergency student transportation, if necessary.

* Terrorists often use car and truck bombs to commit their acts. These devices are constructed to cause maximum human devastation. The ATF minimum safe evacuation distance for car bombs is 1500 feet; for vans and small trucks it is 3750 feet; for large trucks (such as tankers) it is 7000 feet. Both the size of the suspected vehicle and the size of your campus will determine whether a building evacuation or a site evacuation is appropriate.

A Final Note on Disaster Planning

Disaster planning differs from most other types of planning in that a significant part of the planning process must consider the utter chaos that frequently accompanies such situations. Good plans are as much about how the plan will be carried out as they are about what steps need to be taken.

Too often, plans reside solely in binders and on shelves, rather than fresh in the minds of those who are destined to react once a tragedy occurs. Following are some brief recommendations from a veteran federal agent who was often one of the first on the scene of a disaster, and in a position to observe organized chaos at its worse:

- Plans are life saving devices and should be treated as such. Un-shelf them periodically, make sure they are in proper order, and that the intended users know how they work.
- Have a well-defined chain of command. Plans should specifically address who will take over if the first person in charge of each critical plan component is incapacitated during an attack.
- Key individuals should know their specific roles. Additionally, roles common to particular levels or types of employees (such as all classroom teachers) should be clearly defined and documented.
- Wallet cards or similar types of portable documentation have worked well in the past to assist people in executing their roles.
- Remember that when a disaster occurs, there may be any number of visitors present in your facility who are not aware of your plan. Your plan should include a provision to assist these individuals as well.
- Include volunteers and substitute teachers in your planning and training process. They may have to fulfill specific roles should an incident occur.
- Devise a way to identify key employees to law enforcement and emergency responders at the scene. Simple arm bands with various colors signifying different positions would be an effective way of accomplishing this. The arm bands could be incorporated into the Campus and Classroom emergency kits.
- Practice, practice, practice!

Terrorism & Emergency Preparedness Resources

Biological and Chemical Terrorism

www.cdc.gov : The Centers for Disease Control and Prevention

www.fema.gov : The Federal Emergency Management Agency

www.usps.com: The United States Postal Service

www.fbi.gov: The Federal Bureau of Investigation

www.who.int: The World Health Organization

www.redcross.org: The American Red Cross

http://165.91.252.94: The Texas DEM (Division of Emergency Management) Web Site for WMD/Terrorism Domestic Preparedness

www.tdh.state.tx.us: TheTexas Department of Health

www.jama.ama-assn.org: The Journal of the American Medical Association

Bombs and Explosives

www.atf.treas.gov: The Bureau of Alcohol Tobacco and Firearms

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